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MN021201. Best Navy Medicine Business Practices Now At Web Portal  
By Jan Davis, Bureau of Medicine and Surgery

WASHINGTON, DC - Imagine finding Navy Medicine's best business practices at the stroke of a few keys on your computer keyboard. Proven sound business practices, and even practices that haven't been fully developed but are showing promise, would all be readily available. The potential for saving time and money, for improving quality and increasing production by sharing innovative ideas would benefit commands, healthcare professionals and beneficiaries alike.

You don't have to just imagine it any more.

The Bureau of Medicine and Surgery has unveiled a website, the Best Business Practices e-Portal, which captures many of Navy Medicine's business innovations.

"There is a lot of business acumen among Navy Medicine professionals," said John Durham, BUMED's director of strategic planning. "The concept is to have an easily accessible, centrally-located place where all of Navy Medicine - or even healthcare professionals from other services - can go to find innovations and also share their own."

Durham and BUMED Planning Analyst LCDR Ed Perez-Lugo, MSC, were the co-architects of both the concept and the website.

The e-Portal divides best business practices into three parts: promising ideas resulting from creative thinking and skills applied to practical issues, everyday innovations that are fully implemented and are having a positive impact on healthcare delivery, and innovative best business practices that have been shown to produce superior results.

Already posted are ideas ranging from a way to improve patient safety by reducing the risk of administering the wrong medication to implementation of a third party collection program to reducing ankle x-rays and lost training time in an active duty clinic.

According to RADM J. P. VanLandingham, MSC, BUMED's assistant chief for plans, analysis and evaluation, identifying evaluating and proliferating best business practices is an earmark of a world-class organization, and it's important Navy Medicine professionals share their practices.

"You and your ideas are essential if we are going to make innovation

and performance improvement part of our culture, now and in the future," VanLandingham said.

Guidelines for submission are available at the BBP e-Portal, <https://bumed.med.navy.mil/BBP/>.

For additional information, visit the portal or contact Perez-Lugo at [ELugo@us.med.navy.mil](mailto:ELugo@us.med.navy.mil) <<mailto:ELugo@us.med.navy.mil>>, telephone 202 762-3334

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#### MN021202. Navy Medical Appointment Scheduler To Be Adopted By DoD By Naval Supply Systems Command Public Affairs

MECHANICSBURG, Pa. - A Navy-developed intranet tool enabling military treatment facility staff to schedule specialty appointments for their patients while they are at the primary care office will be adopted by the Department of Defense Composite Health Care System (CHCS) program office.

The Navy Deputy Surgeon RADM Donald C. Arthur, MC, as well as the Deputy Surgeon Generals of the Army and Air Force, decided recently to fund implementation of the medical appointing pilot project, a system that enables patients to select appointments at convenient dates and times, increasing patient satisfaction and reducing no-shows for appointments.

When it is fully implemented, the medical appointing tool will be released to all services medical treatment facilities.

Naval Medical Center San Diego proposed the project in November 2000. Once the project was funded it took approximately six months to develop.

"This successful project will benefit service members and help improve their quality of life," said Karen Gadbois, director of the Department of the Navy eBusiness Operations Office's Pilot Funding and Project Management Group. "(It) also demonstrates the opportunity we provide to help execute pilot project ideas and to get DoD leadership to consider successful projects for application throughout DoD."

The medical appointing tool will be demonstrated in the e-Business Operations Office booth at the Sea-Air-Space Exposition in Washington, D.C. from March 26-28 at the Marriott Wardman Park Hotel. The e-Business booth will be in the Virginia Room.

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#### MN021203. Rota Trains to Support Shuttle Missions

By Kathy Henry, Naval Station Rota

ROTA, Spain - April 4 will be a busy day for some at U.S. Naval Hospital Rota. That's when NASA is planning to launch the shuttle Atlantis from Kennedy Space Center for an 11-day mission to the International Space Station, and some of the hospital's staff will be part of the team that will help keep them safe.

Should astronauts run into trouble soon after take-off and need to execute an emergency landing, they will land at Moron Air Base, a joint U.S. and Spanish base southeast of Seville that also serves as a transoceanic abort landing (TAL) site. Rota staff and medical technicians from Moron will be standing by to provide emergency medical care.

To be ready for such an emergency, the medical support team receives annual training from the Space Operations Medical Support Training Team, made up of representatives from the Department of Defense, NASA and organizations contracted to NASA. This year's training, for more than 60 physicians, nurses, medical regulators, and emergency medical technicians, was held earlier this month at the U.S. Naval Hospital Rota.

"The training consists of some general orientations about the cooperative relationship between the Department of Defense and NASA," said Air Force Col. Sandy Zelnick, head of the DoD Manned Space Flight Support

Office's medical division, based at Patrick Air Force Base, Fla. "Then we get into issues of teaching space physiology, space toxicology and some of the exposures that can happen if indeed the shuttle were to suffer a catastrophic breakup or landing. We then teach students how to get astronauts out of their space suits."

Space suit removal was an important part of their training.

"Removing the helmet is particularly important, in order to get access to the airway," said George Brittingham, an insertion technician with United Space Alliance. "Students only get to see the suit once a year, so we just want them to be familiar with how to remove it or cut it away if necessary."

In addition to annual training, refresher classes are held monthly, according to LCDR Dale P. Barrette, MSC, the hospital's space shuttle medical support team coordinator. He also developed a Web-based training program on the hospital's intranet site.

While the shuttle has never had to use one of the TAL sites, Barrette said that every member of the shuttle support team trains that it is not a matter of if they are needed, but really a matter of when they are needed.

"The current thinking is that the shuttle has a one in 125 chance of going to TAL, and we just launched the 108th mission last month," Barrette said.

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#### MN021204. Yokosuka Tests Its Medical Response

By Bill Doughty, U.S. Naval Hospital Yokosuka, Japan

YOKOSUKA, Japan - A fishing boat pulls up to the shore-side restaurant at the naval base. Terrorists launch a chemical agent - sarin gas - through the restaurant's window, causing dozens of casualties. How does the base respond?

That was the scenario tested at a mass casualty drill in Yokosuka last week, coinciding with the seventh anniversary of a sarin attack on Tokyo subways by the religious cult Aum Shinrikyo.

Since it was a chemical attack, mock victims first were "deconned" - decontaminated by specially trained and equipped firefighters. Men in rubberized suits and special breathing devices hosed down and washed casualties so they could be evacuated safely and triaged by medical experts, also in special protective equipment.

"This is the primary response you would see in a real situation," explains HMC(FMF/PJ) Dave Sickles. "The last thing you want to do is go directly to the hospital without first being deconned."

Without adequate decontamination of casualties, the entire medical facility could become contaminated and shut down.

With practiced precision, the firefighters of the Naval Forces Japan Regional Fire Department moved casualties through decon. The Explosive Ordnance Disposal team responded and contained the chemical agent. Medical teams raced in and provided triage and evacuation, with assistance from the Japan Self Defense Force (JSDF).

"This drill was one of the best that I have seen anywhere," said CAPT Adam M. Robinson Jr., MC, commanding officer of U. S. Naval Hospital Yokosuka. "The Fire Department, under the leadership of Fire Chief Dan Marshall, is second to none. The Japan Self Defense Force participants were integral to the success of the event."

Participating as "casualties" for the drill were members of the JSDF, American Embassy workers, Medical Holding Company, and more than a dozen seniors from the base's Kinnick High School.

The sarin gas attack in Tokyo seven years ago showed that terrorism could strike close to home. The attacks of Sept. 11, just over six months ago, reinforced the importance of readiness.

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Photo - Properly deconned "victims" arrive in U.S. Naval Hospital Yokosuka emergency room. Photo by Tom Watanabe, USNH Yokosuka.

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MN021205. Corpsman Searches For Sailors In Southeast Asia

By JO1(SW) Tim Paynter, Joint Task Force-Full Accounting

CAMP H.M. SMITH, Hawaii - On a January morning in 1968, a Navy commander, three lieutenants junior grade, four petty officers second class and a petty officer third class climbed aboard their OP-2E Neptune aircraft and prepared for take-off. They would not live to see the sunset that day.

The Sailors were members of Observation Squadron (VO) 67, a squadron that operated secretly out of an airbase in Thailand during the Vietnam War. Their mission was to pepper the jungles of Laos with tiny sensors so sensitive they could be used to detect slight movements, or listen in on conversations. The sensors would be used to collect intelligence.

Three planes left the airstrip with the same mission, but only two returned safely. It was reported by another pilot that the last words of third aircraft's mission commander were simply, "I'm going down through this hole in the clouds."

What happened next is still a mystery. All that's known is that their plane went down on the side of a cloud-covered mountain in Laos, nearly a mile above the jungle floor, and for more than 30 years they lay untouched - until now.

Thirty-four years later, HMC (FMF) Paula Africa is searching for her fallen shipmates. She is strapped in and nearly dangling at times from the side of a mountain, only 100 feet from the summit. She and her co-worker, AE1(AW) Nicholas Williams systematically search through grids on a 35-degree mud and rock-filled slope.

The mountain was initially deemed too dangerous to attempt to excavate in 1996 when an investigation team located the crash site; but with the help of Army mountaineers, they decided it could be done. Last year, the crash site was excavated for the very first time; remains were repatriated and are in the identification process. This time around, it is fresh dirt, undisturbed remains and new pieces of the puzzle.

Africa is no stranger to the POW/MIA search-and-recovery efforts in Southeast Asia.

"I've done one mission in Vietnam and this is my second in Laos," said Africa. "This is my third mission overall, but it's the first time we've found remains at a site that I've been at. It's just so exciting because you know it may bring closure to a family that's been waiting for answers for a very long time."

When she's not helping look for remains, Africa is assigned as a team medic at the U.S. Army Central Identification Laboratory in Hawaii. The lab works very closely with JTF-FA and is responsible for positively identifying remains, either through dental records or coordinating mitochondrial DNA testing, if the bone fragment is large enough for the DNA-testing process.

While the team lives in a makeshift base camp on the mountain and hikes roughly 45 minutes up to the excavation site every day, their spirits remain high. It's the second time this site has been excavated, and this trip alone has been a huge success.

Some of the possible remains they've found are a piece of a mandible with teeth still attached, several individual teeth, other pieces of bony material and the largest piece, possibly a tibia. Teeth are the most sought after, because according to the anthropologists, they provide the best chance of making a positive identification.

Some of the most powerful remains to hold and touch are items of military everyday life. During this trip. The team recovered wrist watches, a .38 caliber pistol, car keys, a 35mm camera, coins, a charred and slightly mangled pewter second class crow, and dog tags.

To the Sailors working on the mountain, this particular site carries a lot of meaning and emotions.

"Every mission is important," Africa said, "but this mission - searching for Sailors - it's definitely extra special to me."

There are still 399 Sailors and 242 Marines who haven't come home from the war in Southeast Asia.

For more information on Joint Task Force-Full Accounting or how to be an augmentee, go to [www.pacom.mil/jtffa.htm](http://www.pacom.mil/jtffa.htm)  
<<http://www.pacom.mil/jtffa.htm>>.

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#### MN021206. Force Health Protection Is Center's Mission

By Aveline V. Allen, Bureau of Medicine and Surgery

SAN DIEGO - Researchers at Naval Health Research Center in San Diego are shaping the future of Force Health Protection.

Military, civilian and contract scientists at NHRC, in partnership with more than 30 leading universities and private companies, are discovering new ways to promote a fit and healthy force, prevent casualties and improve casualty care and management.

Much of NHRC's medical research focuses on health issues affecting Sailors and Marines in operational environments. The nearby proximity of Navy and Marine Corps bases, such as Camp Pendleton, Naval Base San Diego and Marine Corps Air Station Miramar, and the units assigned on them including the Mountain Warfare Training Center, Naval Surface Forces Pacific and Naval Air Forces Pacific, facilitates partnerships between NHRC researchers and operational units.

Force Health Protection requires a partnership of the Line and medical community to move beyond post-casualty care toward prevention and monitoring services. Center researchers take on such important Fleet health concerns as alcohol abuse, smoking, and sexually transmitted diseases (STD). As a testament to its expertise in STD research and prevention, last year the Department of Defense chose NHRC as its executive agent to help reduce HIV and AIDS in militaries of 40 African countries.

The center is also instrumental in helping combat the illnesses common to the high-stress circumstances of deployment, intense training and shipboard life.

"NHRC is the home of the DoD Center for Deployment Health Research, and the Navy home for Global Emerging Infection Surveillance. Our respiratory disease research directly impacts the readiness of Sailors and Marines aboard ships and in other high-stress environments," said CDR Margaret Ryan, MC, director of DoD Center for Deployment Health Research. One project undertaken by the NHRC scientists is to monitor and analyze all cases of serious respiratory illness at recruit training centers throughout the DoD.

To help prevent casualties, NHRC researchers focus on understanding the physical demands of operational missions and environmental factors. The human performance group at NHRC has worked closely with the special warfare community to assess criteria for selection into Basic Underwater Demolition School and to enhance performance. They have also worked closely with Marines at Mountain Warfare Training Center to assess human performance in the cold and to evaluate equipment issues such as tent ventilation. NHRC scientists also played a major role in Marine Corps boot design.

Within the shipboard environment, NHRC researchers developed an automated heat stress monitoring system that automatically computes the

appropriate "stay time" for worker in a shipboard space.

"The automatic heat stress system, which determines the exposure limits for personnel exposed to high heat and humidity environments, saved approximately 3,300 man hours per year on a destroyer, and 5,800 on a carrier," said LCDR Kathy Kujawa, MSC, program manager for the human performance group that developed the system.

Casualty care and management is an important component of force health protection, and NHRC researchers have played a key role in developing computer models to generate estimated disease and non-battle rates in various operational scenarios. Medical planners then use these rates to compute requirements for supplies, equipment and personnel.

"Biomedical research programs that determine the necessary medical supplies and equipment for the forward medical treatment facilities and shipboard medical departments have resulted in a 30 percent reduction in the weight and number of items required," said Dr. Paula Konoske, program manager of the modeling and simulation group. Other research in this area is focused on documenting and tracking casualties far forward, evaluating advanced medical technologies and telemedicine in the operational environments, coordinating joint medical operations, and developing medical surveillance tools to detect a bioterrorist attack.

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MN021207. DoD, VA Hoping To Increase Medical Cooperation

By Sgt. 1st Class Kathleen T. Rhem, USA, American Forces Press Service

WASHINGTON, DC - The Defense Department is looking to build "a mutually beneficial partnership" with the Department of Veterans Affairs to minimize both organizations' health care costs.

"As we face the threat of terrorism, it is more important than ever that we ensure effective coordination and cooperation with other federal agencies and organizations with necessary expertise," Dr. Bill Winkenwerder said in remarks to Congress.

The doctor is the assistant secretary of defense for health affairs. He testified March 13 before the Personnel Subcommittee of the Senate Armed Services Committee on medical issues in President Bush's fiscal 2003 budget request. The administration seeks \$20.9 billion for the military health system.

Organizations "with necessary expertise" especially include the VA and Department of Health and Human Services, Winkenwerder said. DoD hopes that a partnership with the VA "optimizes the use of resources and infrastructure to improve access to quality health care and increase the cost-effectiveness of each department's operations," he said.

The two departments currently have eight joint ventures around the country providing coordinated health care to both VA and DoD medical care beneficiaries. "However, all of these agreements are not fully utilized," Winkenwerder told the committee members.

He said the fiscal 2003 budget request lays out several concrete short-term goals:

- Establish solid business procedures for reimbursement of services.
- Improve access to health care through VA participation in TRICARE.
- Examine joint opportunities in pharmaceuticals.
- Make it easier for DoD and VA to exchange health care information.
- Establish a "long-range joint strategic planning activity" between the two agencies.

DoD officials expect to be able to transmit computerized

patient medical record data to the VA by fiscal 2005, Winkenwerder said.

"The focus of our efforts is to move the relationship with the VA from one of sharing to a proactive partnership that meets the missions of both agencies while benefiting the service members, veteran and taxpayer," he said.

The assistant secretary also outlined force health protection and medical readiness issues covered in the budget request. "The terrorist acts of last fall placed us on a war footing and escalated the urgency of our need for preparedness," Winkenwerder told the senators.

He said DoD is working to develop investigational new drug protocols and guidelines for smallpox and botulinum toxoid vaccines, and pyridostigmine bromide, or PB, tablets, which are used to counteract the effects of nerve agents.

Experts, he added, are also examining the use of the anthrax vaccine and antibiotics as a post-exposure preventive measure - a technique used after the anthrax attacks loosed in the U.S. mail last year.

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MN021208. Lemoore Nurse, Volunteer Honored By Soroptimists

By LT Don Capoldo, MSC, Naval Hospital Lemoore

LEMOORE, Calif. - CDR Ruth Longenecker, NC, officer in charge of Naval Hospital Lemoore's operational side clinic, and Carla Merrick, a Red Cross volunteer at the hospital for more than 32 years, are the Hanford (Calif.) Soroptimist Club Military Woman and Woman of Distinction winners for 2002.

The club is an affiliate of Soroptimist International, a world-wide organization with the mission of supporting positive change in society at the local, national and international level.

Longenecker was cited for being key to creating the case management department at Naval Hospital Lemoore, as well as acting as the first case manager. Case managers assist families of patients receiving medical care for complex medical conditions, such as cancer, end stage diabetes and other multi-discipline cases.

Merrick, who began with the Red Cross in 1948, currently volunteers her time at Lemoore's family practice clinic. She registers the patients and assists with taking vital signs.

"She has remained a constant, comforting presence to her co-workers and the patients at the hospital," said LCDR Cheryl Carson, NC, division officer for the family practice clinic. "She can be counted on to always be there."

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MN021209. HealthWatch: Navy Medicine Works to Save Your Vision

By Aveline V. Allen, Bureau of Medicine and Surgery

Do you have 20/20 vision?

"You might not - after all, it only takes 20/40 vision to pass most states' drivers license vision standard," said CAPT Keven Reed, MSC, Navy Medicine's optometry specialty leader.

According to Reed, checking to see that you have 20/20 vision isn't the only reason to see your vision specialist.

"You should see a vision professional who will check your ocular motility, intraocular health, balance between your two eyes, peripheral vision. You might be getting by, but why not be optimized?" he said.

March is national Save Your Vision Month. Sponsored by the American Optometric Association, it hopes to emphasize how good eyesight plays a major role in enjoying life, and stresses the need for regular eye exams.

An important aspect of the program is the Great American Eye Test, a tool to determine when eye exams are needed. The test is different for various groups such as children, women, baby-boomers, and adults over 50

years old.

In addition to catching changes in vision that might come with age, the eye test and an annual check by an eye specialist can detect early diseases that can seriously impact health and vision.

"Many systemic illnesses and eye diseases do not produce pain as a symptom, and when the condition is only affecting one eye, the patient is often unaware something serious is occurring," said Reed. "Diabetes is a leading cause of blindness in the United States, and its damage to the internal retina of the eye can be seen by your family eye doctor looking inside your eye during a routine examination, many times before the patient even learns they have diabetes."

Reed said that glaucoma, an eye disease that can lead to blindness if untreated, is painless in its most common form. It's another reason that regular complete eye exams are important.

Medical facilities throughout the Navy are observing the month with special events and information emphasizing the importance of maintaining healthy eyesight.

According to LT Melissa Holliman, MSC, optometry officer at Naval Hospital Great Lakes, Ill., they have posted The Great American Eye Test in their clinic waiting areas.

"We are doing a pediatric vision screening at a daycare facility on base," said Holliman. "It's the first of its kind on this base. We're teaming up with ophthalmology in this effort."

"At the Navy Yard, we put an article in the clinic newsletter that goes out to all Naval District Washington employees," said CDR Cheryl L. Patzer, MSC, the optometrist at Branch Medical Clinic, Washington Navy Yard. "We also have flyers up in the clinic."

The Naval Ambulatory Care Center Groton, Conn., eye clinic will be visiting Eastern Point School, a local elementary school to discuss eye anatomy, function, care, and, especially, eye safety.

"These children will be starting middle school next year so they are a good target audience to teach about eye safety," said Annmarie Bartoli-Trejo, supervisory nurse at Groton's eye clinic.

This March is the 75th anniversary of Save Your Vision month, which, according to AOA, is the oldest and most-established observance related to the cause of eye and vision care.

Additional information on vision care can be found at [www.aoanet.org/commcenter](http://www.aoanet.org/commcenter).

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